New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

July-August 1988

Universal precautions being instituted throughout hospital

"Universal precautions provide maximum protection with minimum inconvenience."
— Deborah Lichtenberg, R.N.

What are "universal precautions" and what do they mean? All Deaconess employees will be learning the answers to these questions over the next few months, as a new infection control system goes into effect throughout the hospital. The system is based on standards being instituted at hospitals across the country.

Universal precautions are exactly what the name implies: a set of precautions that apply to all hospital patients. The old system for protecting health care workers against diseases transmitted in blood and body fluids was "diagnosis-driven"; different precautions were followed for different patients, depending on each individual's diagnosis. In contrast, universal precautions apply to all patients. And they are structured around the likelihood of a health care worker's coming into contact with blood and body fluids (see "The basics of universal precautions," below).

Deborah Lichtenberg, R.N., nurse epidemiologist, says, "Under universal precautions, employees are protected against diseases that can be transmitted through blood and body fluids, whether or not we know they are present in a particular patient. We know that many diseases — hepatitis B; non-A, non-B hepatitis; and several others in addition to AIDS — can be passed through blood and body fluids without the patient's having an established diagnosis or showing symptoms. Universal precautions protect against these diseases at all times, regardless of whether we know a disease is present."

A.W. Karchmer, M.D., chief of infectious disease, says, "Universal precautions, while superceding previous precautions for blood, body fluids, stool, and wounds, do not replace precautions related to respiratory diseases. When treating patients with diseases transmitted through droplets and secretions — such as TB, pneumonia, chicken pox, and influenza — masks continue to be required."

During the summer, universal precautions will be phased in through informal activities on each patient floor and

(continued on page 2)

The basics of universal precautions

Universal precautions are standards of infection control based on the type of contact between patient and health care provider. Universal precautions must be followed for every patient with whom an employee comes into contact. The following is a general outline of universal precautions.

Handwashing Still the basis of infection control for all patient care. Wash hands before and after **any** patient contact. Wearing gloves is not a substitute for handwashing.

Gloves Use gloves when potentially coming into contact with blood or body fluids. Examples include: examining patients, drawing blood, starting IVs, routine dressing and wound care, and handling soiled waste, linens, or other materials. Gloves must be changed after each patient contact.

(continued on page 2)

Lang named director of Dietetics

Carol Lang, M.S., R.D.

Carol Lang, M.S., R.D., has been appointed director of the Department of Dietetics. In this position she oversees 240 employees in two major areas — clinical dietetics and food service. Acting director of the department since February, Lang previously had been assistant director. She joined the department on 1987 as education coordinator for the dietetic internship program.

"Since I came last August," she says, "I have been continually amazed at the strength of our staff and their willingness to work together. They are very supportive and creative in facing our challenges."

Among the challenges Lang anticipates is continuing to maintain the department's high quality clinical programs in an era of increasing economic constraints. "Hospital inpatients tend to be much sicker and are in the hospital for shorter stays," she says. "Our dietitians need to be able to assess patient needs and provide education in as short a period as possible. We're working closely with nurses and others involved in patient care to meet this goal.

"We also believe that outpatient care is going to be a real area of growth for the department and the hospital as a whole. We will be surveying needs in that area that can be met through our Nutrition Counseling Service, which is available to provide outpatient counseling to both patients and employees," she says.

Another area of emphasis is encouraging employees and visitors to patronize the hospital's food services — the cafeteria and Cafe 90 coffee shop. "We have more competition in the neighborhood with several new restaurants that have opened recently," she says. "We're working to provide enough variety and quality in our food to show everyone that eating at the Deaconess is a good choice."

Lang is a graduate of Nazareth College in Rochester, New York, and received a masters degree in nutrition from Texas Woman's University in Dallas. Before coming to the Deaconess she was assistant director for clinical nutrition services at University of Cincinnati Hospital.

"Desperately seeking rubber gloves"

One side-effect of the increased emphasis on infection control in all health care institutions has been a world-wide shortage of protective rubber gloves, especially those made from latex. Latex gloves are used by surgeons and others who need to maintain sensitivity in their hands while conducting procedures.

When signs of the glove shortage first appeared, members of the Materials Management Department at the Deaconess began searching for new ways to maintain the hospital's glove supply. Tom Wright, Purchasing manager, says, "We explored numerous sources of supply, both inside and outside this country. We've been able to acquire a substantial supply of gloves, and at this time the hospital is not suffering an extreme shortage."

However, it is essential that gloves be used carefully and appropriately. Deborah Lichtenberg, R.N., nurse epidemiologist, says, "We do have a supply of latex gloves, but they should be used only by those who need to maintain a high level of tactile sensitivity. PVC [polyvinyl chloride] gloves, which are available at each patient's bedside, are appropriate for most types of patient contact. And we also have stretch PVC gloves, which provide some sensitivity.

"Employees who do not have direct patient contact or who are not at risk of cross-contaminating patients [passing an infection from one patient to another] should use washable, reusable gloves," Lichtenberg says. "This includes employees in departments such as Patient Transport, Dietetics, and Building Services. In areas like the laboratories and Radiology, depending on the tasks performed, employees either may reuse latex or PVC gloves (since there is no risk of cross-contamination) or use washable, reusable gloves for procedures where manual dexterity is not required."

Wright expects the international glove shortage to continue for six to nine months, so Purchasing is maintaining its search for new sources of supply. "With universal precautions being instituted, we expect glove usage will increase even further," he says. "We're also preparing to have sufficient supplies of other materials that will be required under universal precautions — such as protective goggles and new, water-repellant gowns and masks."

Universal precautions

(continued from page 1)

through more formal teaching sessions. "We will coordinate this effort with all departments affected," says Lichtenberg, "not just nurses and physicians, but employees in Dietetics, Building Services, Patient Transport — everyone who has regular patient contact."

Universal precautions are not unique to the Deaconess. The standards are recommended by organizations such as the American Hospital Association, Centers for Disease Control, Joint Commission on Accreditation of Healthcare Organizations, and the Occupational Safety and Health Administration (OSHA). Karchmer says, "Universal precautions now have become the legal standards under which the hospital is required to operate by OSHA regulations."

Lichtenberg says, "We realize that it is difficult for people to change their behavior — the way they go about doing their jobs. But ultimately, employees are responsible for providing themselves with the maximum protection. Universal precautions provide maximum protection with minimum inconvenience."

The basics . . . *(continued from page 1)*

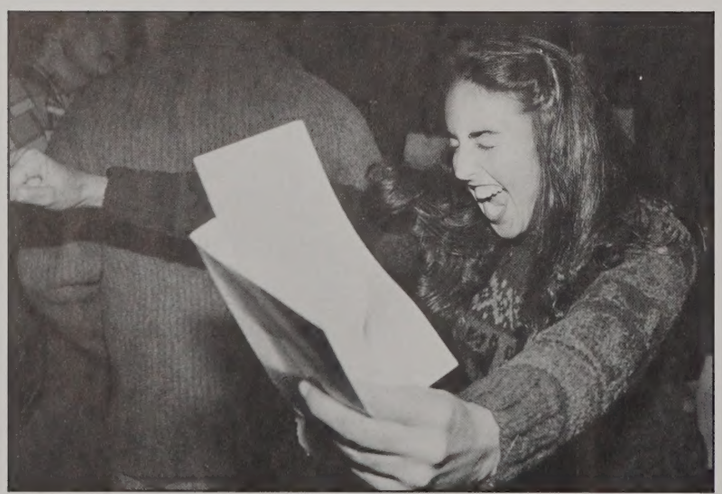
Gowns	Gowns only are needed when there is a risk that an employee's clothing may become soiled with blood or body fluids.
Mask and goggles	Mask and goggles should be worn if there is a risk of blood and body fluids spattering into an employee's face.

Gloves and other protective devices are not necessary when contact is unlikely to result in exposure to blood or body fluids. Examples include: talking with patients, shaking hands, removing meal trays, transporting patients, and making beds.

To receive more detailed information about universal precautions, or to ask questions, contact nurse epidemiologists Deborah Lichtenberg, R.N., beeper 3-2473, or Zita Rajeckas, R.N., beeper 3-2415.

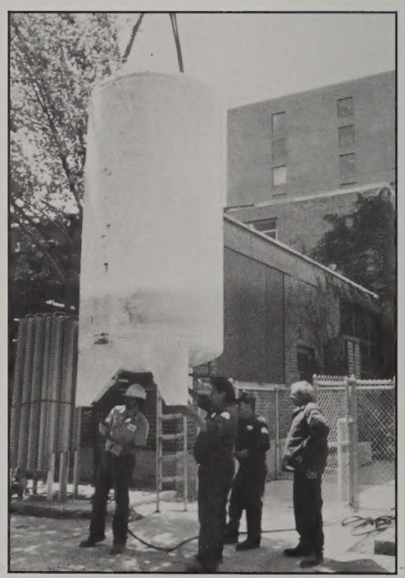
Deaconess views

Some quick looks at recent hospital happenings.



Tufts medical student Mary Kaye Burke was delighted to find she would be a medical resident at the Deaconess on "match day" in April. Burke and other new residents started at the Deaconess on July 1. (Associated Press photo)

Richard Barry, hospital doorman, gives a ride to Helen Hamawy, president of the Friends of the Deaconess, in one of 10 new wheelchairs donated to the hospital by the Friends.



Workmen prepare a 900-gallon liquid oxygen cylinder for installation outside the Maintenance building. The tank is part of the hospital's new backup emergency oxygen system, which can supply the hospital's needs for two and a half days in case the regular system is cut off. The old system could only supply two hours worth of oxygen.

Deaconess employees take part in state and federal legislative activities

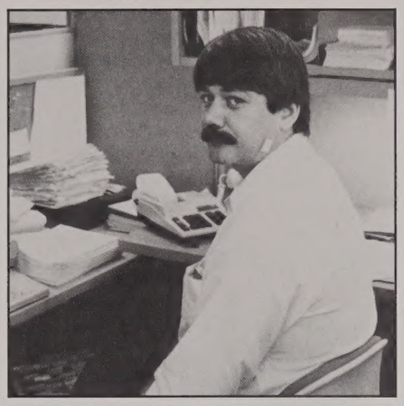
Bright blue helium balloons that read "Deac for Duke . . . on health care bill" were among the hundreds of colorful balloons dotting an overcast sky on April 21 when Governor Michael Dukakis signed into law the state's historic health care bill. Many Deaconess employees have been involved in the legislative process since last summer, when the original versions of the bill were announced. Some sent letters and called or visited their state senators and representatives; others attended State House rallies and hearings; still others signed petitions.

David McDermott, Outpatient Billing, is one of those who has been active in the recent state health care legislation.

"It was easy for me to get involved," says McDermott. "I'm from Mission Hill, and my family has known Kevin Fitzgerald [state representative] for years. He was my assistant basketball coach when I was in high school, and he's a friend of my older brother. His administrative assistant is my sister-in-law."

McDermott attended the State House Action Day rally in September and met with Representative Fitzgerald (along with Paul Somoza, senior vice president for Planning and Marketing, and Ann Brady, R.N., oncology unit). "He was very open to what we had to say about the Deaconess's needs. I think seeing so many hospital employees at the rally made a big difference to Kevin — he has a lot of hospitals in his district," says McDermott.

Deaconess employees have been active participants not only at the state level but also with legislative activities on the federal level. For example, Judith Miller, R.N., senior vice president for Nursing, was asked by Senator Edward M. Kennedy to testify in April before the Senate Committee on Labor and Human Resources. The subject of her testimony was the reauthorization of the Nurse Education Act (Title VIII of the Public Health Service Act) and increasing its funding from $56 million to $94 million in fiscal year 1989. In addition, the bill reauthorizes current programs for funding undergraduate and advanced nursing education as well as for funding nursing shortage relief programs.



David McDermott, Outpatient Billing, was one of several employees who met with their state representatives to discuss the health care legislation.

Wearing two hats (as Deaconess senior vice president for Nursing and as a board member of the American Organization of Nurse Executives), Miller pointed out the need for a stronger emphasis on funding entry-level nursing education as well as a mechanism for funding innovative hospital nursing practice models.

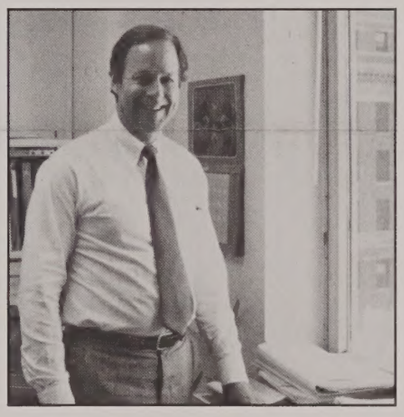
"I believe the federal government must expand its support of nursing education. At present, funding for entry-level nursing education, as well as advanced nursing education, is inadequate. To attract and maintain qualified individuals into undergraduate and graduate nursing education programs, it is essential that federal funding and financial aid be increased," says Miller.

Wib Walling, director of External Resources, has extensive legislative experience on both the state and national level. He served as state assistant secretary of Human Services, special assistant to the undersecretary at the Department of Health, Education, & Welfare, and was on the White House staff of President Jimmy Carter.

"Of necessity, the Deaconess's legislative involvement will have to increase in the future," says Walling. "Approximately 45 percent of the Deaconess patient population is on Medicare, so that is one of the federal programs we watch closely. Given the federal deficit, more Medicare cutbacks might be expected in the future. Further reductions would have a serious impact on our revenues, so the Deaconess and other hospitals will have to mobilize to fight against major cutbacks in these programs."

Because the legislative climate is never static — hospital financing mechanisms are revised every three to four years and federal programs are adjusted with every change in administration — the Deaconess's participation in the legislative process will continue. The hospital's commitment to quality care requires ongoing legislative activity, in the belief that our involvement does make a difference.

Judith Miller, R.N., senior vice president for Nursing, has testified before the U.S. Senate regarding nursing education and the nursing shortage.



Wib Walling, director of External Resources, has held government posts on both the state and national levels.

NEDH in the news

Deaconess people in the news in the past few months include:

- George Blackburn, M.D., Ph.D., director of the nutrition/metabolism lab, discussed the effectiveness and nutritional value of summer diets on Channel 4's "People Are Talking."
- Joan Borysenko, Ph.D., former director of the mind/body programs in behavioral medicine, was interviewed for National Public Radio's "All Things Considered."
- Jerome Groopman, M.D., chief of hematology/oncology, appeared on the Channel 4 evening news and NBC Nightly News in conjunction with coverage of the International AIDS Conference in Stockholm. He also was interviewed regarding patients whose AIDS antibody status seemed to change for the Channel 5 evening news.
- Stanley Lewis, M.D., cardiologist, appeared as a live guest on the Channel 4 midday news to discuss hot weather related medical problems and precautions.
- William V. McDermott, M.D., surgeon and retired chairman of surgery, discussed a case of liver damage from toxic reaction to a type of herbal tea sold in health food stores on the Channel 7 early evening news.
- Richard Nesto, M.D., cardiologist, discussed the role of mental stress in the induction of silent ischemia in patients with coronary artery disease on the Channel 5 evening news.
- Steven Shama, M.D., dermatologist, was interviewed regarding skin cancer prevention and detection on the Channel 4 evening news.
- Michael Stone, M.D., surgical oncologist, discussed new recommendations for treatment of breast cancer on the Channel 4 early evening news.

Six Fiscal Services employees walked as a Deaconess team in the annual Walk for Hunger in May. Pictured here on Boston Common, before beginning the 20-mile walk to raise funds for Project Bread, are (from left) Elaine Dimitriadis, David O'Brien, Maria Pereira, Patti Hansen, James Baldwin, and Kathy Boudreau.

news in brief

Richard Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, spoke on the use of H2 receptor antagonists in TPN patients at the University of Kentucky and the Mississippi Society of Hospital Pharmacists. He spoke on 3-in-1 TPN admixtures and home infusion therapies at Memorial Hospital in Harrisburg, Pennsylvania.

Stacey Bell, M.S., R.D., nutrition support dietitian, and **Donna Hauptschein, M.M.Sc., R.D.,** staff dietitian, spoke on the use of computer software to assess nutritional status of hospitalized patients at the Massachusetts Dietetic Association Convention.

Herbert Benson, M.D., chief of behavioral medicine, and staff members **Alice Domar, Ph.D., Steven Maurer, M.A., Leo Stolbach, M.D.,** and **Eileen Stuart, R.N.,** gave presentations on the relaxation response and the section's programs at the annual meeting of the Society of Behavioral Medicine.

Jane Beaulieu, R.N., M.S., staff development instructor, spoke on nursing diagnoses co-occurring in adults with insulin-dependent diabetes at the National Conference on the Classification of Nursing Diagnoses. She also has been named chair of the nominating committee of the Massachusetts Conference Group on the Classification of Nursing Diagnoses.

David R. Campbell, M.D., vascular surgeon, spoke on the surgical management of the diabetic foot at the Charing Cross International Symposium in London.

Patricia Conway, R.N., transplant clinician, **Carole Davis, R.N.,** and **Theresa Foley, R.N.,** transplant nurses, spoke on kidney transplantation at the East Providence Artificial Kidney Center.

Jeffrey Dover, M.D., chief of dermatology, gave a presentation on the ultrastructural response of lentigines to Q-switched ruby laser to the Society for Investigative Dermatology. He coauthored an article on sebaceous adenoma in a patient with AIDS, published in the *Archives of Dermatology.*

Mary Anne Downes, R.D., clinical dietitian, spoke on nutrition support of the adult AIDS patient at the Massachusetts Dietetic Association convention.

F. Henry Ellis, Jr., M.D., Ph.D., chief of cardiothoracic surgery, presented a paper on limited esophagogastrectomy for carcinoma of the cardia to the American Surgical Association. He also spoke on surgery for carcinoma of the esophagus and cardia as Claggett visiting professor at the Mayo Clinic and Mayo Medical School.

Philip J. Fitzpatrick, M.D., cardiologist, has joined the Department of Medicine. Most recently in private practice in Utica, New York, he completed a cardiology fellowship at the Deaconess in 1984. He is a graduate of Georgetown Medical School and served internship and residency at Albany Medical Center. He concentrates on general and invasive cardiology.

Carla H. Ginsberg, M.D., gastroenterologist, has joined the Department of Medicine. A graduate of Mt. Sinai Medical School in New York, she had been on the staff at Brigham and Women's Hospital where she previously completed her residency and a gastroenterology fellowship. Her research interests focus on inflammatory bowel disease, and she is the medical director for Medical East Community Health Plan at the Deaconess.

Donna Hauptschein, M.M.Sc., R.D., Dietetics, gave a lecture on nutrition therapy in diabetes at the Joslin Diabetes Symposium.

Raymonde Herskowitz, M.D., pediatric endocrinologist, has been awarded the two-year Capps Scholarship in Diabetes from Harvard Medical School.

Maureen Houstle, R.N., B.S.N., Nursing/Staff Development, published an article on effective staff response in an emergency, in the *Journal of Nursing Staff Development.* The article was coauthored by **Jane Beaulieu, R.N., M.S.; Judy Kelly, R.N., B.S.N.;** and **Joanne MacDonald, R.N., B.A.S.,** Staff Development.

Robert Kane, M.D., radiologist, spoke on intraoperative ultrasound at the Harvard Medical School continuing medical education course in ultrasound.

William Kanter, M.D., plastic surgery resident, received the resident competition award from the Lipoplasty Society for a paper on alcohol for prophylaxis of fat embolism syndrome. The paper was coauthored by **Francis Wolfort, M.D.,** chief of plastic surgery.

Carol Lang, M.S., R.D., director of Dietetics, gave an overview and update on total parenteral nutrition at a meeting of the Kentucky Dietetic Association. She authored a chapter on nutritional assessment in adults in the *Manual on Critical Care,* published by C.V. Mosby Co.

David E. Leeman, M.D., cardiologist, has joined the Department of Medicine. He completed residency and a cardiology fellowship at Beth Israel Hospital in Boston, and most recently was associate director of cardiac catheterization at Maimonides Hospital in Brooklyn. His primary interests are basic cardiology and coronary angioplasty.

Robert Lees, M.D., chief of peripheral vascular disease, and **Ann Lees, M.D.,** research staff, gave a presentation on treatment of hypercholesterolemia with Lovastatin at a conference on molecular aspects of coronary heart disease, sponsored by the European Atherosclerosis Society.

Keith P. Lewis, M.D., has joined the Department of Anaesthesia. A graduate of University of Connecticut Medical School, he also has training in pharmacology. He was a surgical intern at the Deaconess before anesthesiology residency at Brigham and Women's Hospital. He completed a Deaconess/Brigham fellowship in cardiothoracic anesthesia. In addition to clinical anesthesia, he will conduct clinical research, particular with diabetic patients.

Kenneth A. Marshall, M.D., plastic surgeon, has been re-elected secretary of the Massachusetts Society of Plastic Surgery.

Roger M. Macklis, M.D., radiation therapy, has joined the Department of Radiation Therapy. A graduate of the Joint Center for Radiation Therapy residency program, he also is on staff at Brigham and Women's Hospital.

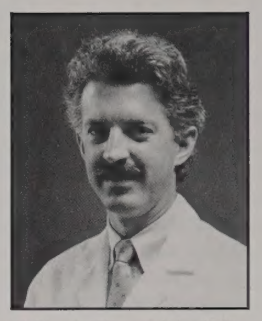
Jonathan Niloff, M.D., chief of gynecology, has been elected to membership in the Society of Gynecologic Oncologists.

T. S. Ravikumar, M.D., surgical oncologist, was visiting professor at Yale University School of Medicine.

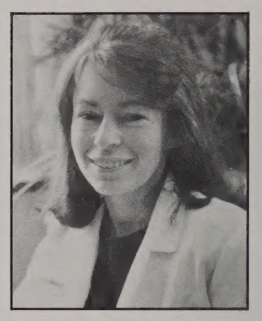
Glenn Steele Jr., M.D., chairman of Surgery, served as visiting professor at Howard University and at the University of Cincinnati.

Leo Stolbach, M.D., oncology/behavioral medicine, spoke on psychosocial factors in the development and progression of cancer at a symposium on emotional aspects of physical illness at the Stormont-Vail Regional Medical Center in Topeka, Kansas.

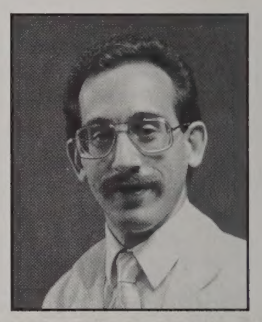
Warren Williamson, M.D., cardiovascular surgeon, has joined the Department of Surgery. Previously associated with the Jackson Clinic in Madison, Wisconsin, he will practice at Lahey Clinic Medical Center.



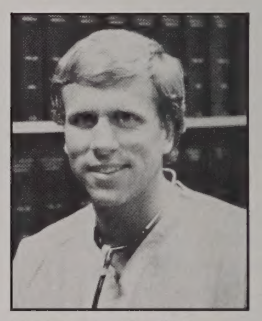
Philip J. Fitzpatrick, M.D.



Carla H. Ginsberg, M.D.



David E. Leeman, M.D.



Keith P. Lewis, M.D.

Service awards reception (see page 5)

Dean Manheimer, vice president for Human Resources, holds the fishbowl while 25-year service award recipient Harold Marcott draws the name of a door prize winner.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts

Non-Profit
U.S. Postage
PAID
Permit No. 18
Holliston, MA
01746

pulse

PULSE is published by the Public Relations Department, New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215, (617) 732-8046. Third Class Postage paid in Holliston, MA Permit (non-profit organization) No. 18.

Editor: Susan R. McGreevey
Contributors: Christine Hickey
Patricia Whalen